

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

REQUEST FOR REAPPLY/REPEAT EXAMINATION**\$75.00**

1. Submit the APPROPRIATE NON-REFUNDABLE FEE payable to the Board of Registered Nursing. Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. If you hold an Interim Permit, return it to this office IMMEDIATELY. Interim Permits are no longer valid once you receive the letter stating you did not pass your initial NCLEX-RN examination.
3. The National Council State Boards of Nursing has a 45-day retake provision for the NCLEX-RN exam. For information regarding the 45-day retake provision please visit their website at www.ncsbn.org.
4. Once found eligible, you will receive an NCLEX Examination Candidate Bulletin with instructions on how to register with the NCLEX testing service.

PRINT OR TYPE

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street					DATE OF BIRTH: (Month/Day/Year)
City	State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:**	
TELEPHONE NUMBER: Home () Alternate ()		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:			<input type="checkbox"/> SPECIAL TESTING ACCOMMODATION IS REQUESTED If checked, attach appropriate documentation		
LAST EXAM APPLIED FOR: Month Year		LAST EXAM TAKEN: Month Year		COUNTRY OF NURSING EDUCATION:	

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?:

☐ YES ☐ NO If yes, please see attached instructions. Include convictions reported on previous applications.

HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE AS A RN OR ANY HEALTH-CARE RELATED LICENSE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING IN ANY STATE OR COUNTRY? IF YES, PLEASE PROVIDE A DETAILED WRITTEN EXPLANATION, INCLUDING THE DATE AND STATE OR COUNTRY WHERE THE DISCIPLINE OCCURRED.

☐ YES ☐ NO If yes, explain fully on a separate sheet of paper.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been expunged under Penal Code 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other professional license must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. **Certified** copies of court documents or state board determinations/decisions should also be included.

Note: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their life, which would enable them to avoid future occurrences.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made. All evidence of rehabilitation must be submitted prior to being found eligible for an examination.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS

The California Fair Employment and Housing Act¹ (“FEHA”) grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

More specifically, the FEHA protects individuals with physical or mental disabilities, cosmetic disfigurement or anatomical loss or individuals regarded as or with a record of any disability who is able to perform the essential functions in an examination setting for the NCLEX-RN with or without an accommodation. A disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions. Impairments that are not disabilities are sexual behavior disorders, compulsive gambling, kleptomania, pyromania, substance abuse disorders resulting from current and unlawful use of controlled substance.

While the board is not required to allow an accommodation that fundamentally alters the nature of the examination, the board will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The board will make any reasonable modifications to its policies, practices, and procedures to accommodate an individual with a disability.

The board is not able to provide reasonable accommodations to individuals unless the board is made aware of the individual's need. An applicant who needs an accommodation to be able to participate in the examination, must advise the board by the time of application for the examination. This notification should include sufficient documentation to enable the board to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The board is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

If you have a disability which may require accommodations of the examination process or access to the examination center, you must submit with your application the following **REQUIRED** information:

A. CANDIDATES WHO HAVE BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS:

If you have previously been approved for accommodations by the Board and you wish to request the same accommodations, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **Request for Accommodation of Disabilities** form completed and signed by the applicant. This form is included in the application packet.

B. CANDIDATES WHO HAVE NOT BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS OR THE ACCOMMODATION REQUIREMENTS HAVE CHANGED:

If you have not previously been approved for accommodations by the Board, or there is a change in the accommodations you are requesting, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **Request For Accommodation Of Disabilities** form completed and signed by the applicant. This form is included in the application packet.
2. A **Professional Evaluation And Documentation Of A Disability** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator. This form is included in the application packet.
3. If applicable, a **Nursing Program Verification** form indicating what accommodation(s) were granted in testing procedures during the nursing program. This form should be completed and signed by the nursing program Dean or Director or their designee or equivalent information on original letterhead stationery of the nursing program. This form is included in the application packet.

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS – (continued)

The required information must be completed and submitted with your application or your examination could be delayed. If you have any questions, you may contact the Testing Coordinator by writing to the Board address, Attn: Testing Coordinator, or by calling (916) 322-3350.

Any examination accommodations, including aids brought into the testing center must have **pre-approval** of the Board.

¹The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.

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**REQUEST FOR ACCOMMODATION OF DISABILITIES**

In compliance with the California Fair Employment and Housing Act (FEHA), the Board of Registered Nursing (the Board) provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required examination (NCLEX-RN). It is the applicant's responsibility to notify the Board of needed alternative arrangements. The Board is not required by the FEHA to provide accommodations if we are unaware of your needs. **If you have a disability for which you wish to request accommodation(s), please provide the following information and return this form as well as all other required documentation to the Board with your application.** You may attach additional pages if necessary. Accommodations will not be provided at the examination site unless this form and all other documentation is received at the time of submission of the application. This form and all supporting documentation will become part of your examination record but will be purged from your file when you have passed the examination.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

DAYTIME PHONE #: _____ SSN: _____
(Area Code)

NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address and daytime telephone number.

1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions:

2. Explain the nature and extent of your disability (e.g., hearing impaired, diabetic, dyslexic, etc.) and how it will affect your ability to take the examination:

3. Based on the disability you have described above, specify the accommodation(s) you are requesting, given the format of the examination (your request must be specific). If you request additional testing time, indicate how much and whether you need to take the exam over a one or two day period:

SIGNATURE: _____ DATE: _____

NOTE: *Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.*

REQUIRED DOCUMENTATION FOR ACCOMMODATION REQUESTS

You are required to submit documentation from a professional evaluator as defined on the Professional Evaluation and Documentation of Disability form. Verification of the disability must be submitted to the Board of Registered Nursing (the Board) and include the following:

- ◆ Completed **Professional Evaluation and Documentation of Disability** form or all information requested must be provided on the original letterhead stationery of the evaluator.
- ◆ Completed **Nursing Program Verification** form if you were granted testing accommodations for examinations during your nursing program.

You are solely responsible for any costs you may incur in obtaining the required documentation. However, the Board will pay for any testing accommodations that are made for you.

The Board will engage in an interactive dialogue to ensure that your request is processed in accordance with the FEHA requirement.

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to the Board with your application. The Board must approve all accommodations prior to your test date.

The Board will consider all requests on a case-by-case basis.

You will receive written confirmation of your approved accommodations.

Any inquiries related to accommodations may be directed to the Testing Coordinator at (916) 322-3350.

RETURN THIS COMPLETED FORM AND THE DOCUMENTATION LISTED ABOVE WITH OUR APPLICATION TO:

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100



5. Describe the credentials, education and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

Evaluator's Name (Print): _____ Organization: _____

Evaluator's Signature: _____ Telephone No: _____
(Date) (Area Code)

Type of Professional License or Certificate and Number (if applicable) _____

I. Description of a Qualified Evaluator

The Board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate nor related to the candidate. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

(a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator is a licensed physician or psychologist with expertise in the area of the disability.

(b) In the case of learning disabilities, a qualified evaluator is one of the following:

A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training in all of the areas described below

OR

another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional and motivational factors.
- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.

II. Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 75 to a maximum of 265. The maximum six-hour time limit to complete the examination includes the tutorial, sample items and all rest breaks. The first preprogrammed optional break takes place after 2 hours of testing. The second preprogrammed optional break takes place after 3½ hours of testing. The examination is administered at Pearson Professional Centers, which have up to 15 individual computer workstations.

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Executive Officer**NURSING PROGRAM VERIFICATION**

This form is to be completed by the nursing program Dean or Director or their designee if accommodation(s) to testing procedures were granted to this candidate during their nursing program. Original submission of this form is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the nursing program.

Candidate Name: _____
(First) (Middle) (Last)Birthdate: _____
(Month) (Day) (Year)

Describe the format of examinations administered (e.g., written multiple-choice, essay, oral, etc.) and the accommodation(s) provided to the above candidate for these examinations during their nursing program:

Name of Person Completing Form (Print): _____

Title: _____ Name of School: _____

Telephone No: _____ Signature: _____
(Area Code) (Date)

NCLEX-RN REVIEW RESOURCES

This list of resources is being provided as a service to the applicants and is for informational purposes only. This list may not represent all the reference materials (books, tapes, workshops, etc.) available. These review resources are neither approved nor disapproved by the Board of Registered Nursing. For specific information, please contact the review providers directly.

Provider:	ATI-Assessment Technologies Institute	Phone:	(800) 667-7531
Address:	PO Box 26050	Fax:	(913) 685-2381
	Overland Park, KS 66225-6050	Website:	www.atitesting.com
Provider:	California School of Health Sciences	Phone:	(866) 539-7081
Address:	12966 Euclid Street, Suite #430	Fax:	(714) 539-3982
	Garden Grove, CA 92840	Website:	www.hprovider.com
Provider:	Drexel University	Phone:	(800) 666-PREP
Address:	MS 1002 245 N 15 th Street	Fax:	(215) 762-8171
	PO Box 5692	Website:	passnclex.drexel.edu/
	Philadelphia, PA 19102		
Provider:	Dynasty School	Phone:	(800) 888-8827
Address:	2373 South Hacienda Boulevard	Website:	www.dynastyschool.com/
	Hacienda Heights, CA 91745		
Provider:	Educational Resources, Inc.	Phone:	(800) 292-2273 or (913) 362-4600
Address:	8910 West 62nd Terrace	Fax:	(913) 362-4627
	PO Box 29160	Website:	www.eriworld.com/
	Shawnee Mission, KS 66201		
Provider:	Elsevier	Phone:	(800) 325-4177
Address:	11830 Westline Industrial Drive	Website:	www.elsevierhealth.com/
	St. Louis, MO 63146		
Provider:	F.A. Davis Company	Phone:	(800) 323-3555
Address:	Davis' NCLEX /RN Success Book	Fax:	(215) 568-5065
	1915 Arch Street	Website:	www.fadavis.com/
	Philadelphia, PA 19103		
Provider:	Kaplan, Inc.	Phone:	(212) 492-5800
Address:	888 7th Avenue	Website:	www.kaplan.com/
	New York, NY 10106		
Provider:	Lippincott Williams & Wilkins	Phone:	(800) 638-3030 or (301) 223-2300
Address:	PO Box 1600	Fax:	(301) 223-2320
	Hagerstown, MD 21741	Website:	www.lww.com/
Provider:	MEDS Publishing	Phone:	(800) 200-9191 or (301) 476-9666
Address:	7901 Sandy Spring Road #203	Fax:	(301) 476-9677
	Laurel, MD 20707	Website:	www.medspub.com/
Provider:	National Council's Learning Extension	Phone:	(312) 525-3749
Address:	NCSBN	Fax:	(312) 279-1032
	Attn: National Council's Learning Extension	Website:	www.learningext.com
	111 E. Wacker Drive, Suite 2900		
	Chicago, IL 60601		
Provider:	National Nursing Review	Phone:	(650) 941-5784
Address:	342 State Street, Suite 6	Fax:	(650) 941-4354
	Los Altos, CA 94022	Website:	www.nationalnursingreview.com

NCLEX-RN REVIEW RESOURCES (Cont.)

Provider: NCLEX-PASS Address: 207 Allen Avenue Glendale, CA 91201	Phone: (818) 563-1935 Fax: (818) 563-1895 Website: www.nclex-pass.com/
Provider: Nursing Review with Sally Lagerquist, RN, MS Address: PO Box 16115 San Francisco, CA 94116	Phone: (800) 345-PASS Website: www.reviewfornurses.com/
Provider: Practice Management Information Corporation Address: 4727 Wilshire Boulevard #300 Los Angeles, CA 90010	Phone: (800) MED-SHOP or (800) 633-4215 Fax: (800) 633-6556 Website: www.pmiconline.site.yahoo.net/
Provider: Professional Development System Address: School of Health Sciences 6101 Ball Road, Suite 307A Cypress, CA 90810	Phone: (800) 570-8660 or (714) 220-0752 Fax: (714) 220-9726 Website: http://www.becomeanrn.com/
Provider: Royal Career Training Center Address: 3251 W. 6 th Street, Suite 202 Los Angeles, CA 90020	Phone: (213) 487-9911 Fax: (213) 487-2299
Provider: Southcal Educational Institute Address: 9550 Flair Dr. Suite 306 El Monte, CA 91731	Phone: (626) 575-8580 Fax: (626) 575-8511
Provider: Sylvia Rayfield & Associates, Inc. Address: PO Box 4409 Gulf Shores, AL 36547	Phone: (800) 234-0575 Website: (850) 497-1252 www.sylviarayfield.com/
Provider: Welcome Back Initiative Address: NCLEX Review Course (In Class, NOT home study or online) Length of course varies California Residents Only Please For eligibility and enrollment please call	Phone: (866) 372-9707 Los Angeles area (619) 409-6417 San Diego area Website: www.e-welcomeback.org www.welcomebackcenter.org